

CITY OF HOLTVILLE – RECREATION DEPARTMENT



JULY 2013

Class		Mon	Tue	Wed	Thu
A		8:00 A.M. 1	2	8:00 A.M. 3	4
B			7:15 P.M.	7:15 P.M.	HOLIDAY
A		8:00 A.M. 8	9	8:00 A.M. 10	11
B			7:15 P.M.	7:15 P.M.	7:15 P.M.
A		8:00 A.M. 15	16	8:00 A.M. 17	18
B			7:15 P.M.	7:15 P.M.	7:15 P.M.
A		8:00 A.M. 22	23	8:00 A.M. 24	25
B			7:15 P.M.	7:15 P.M.	7:15 P.M.
A		8:00 A.M. 29	30	8:00 A.M. 31	
B			7:15 P.M.	7:15 P.M.	

Class "A" \$25/Month

These Sessions are 45 minutes long and held on Mondays & Wednesdays at 8 a.m.

Class "B" – \$35/Month

These Sessions are 45 minutes long and held on Tuesdays, Wednesdays, & Thursdays at 7:15 p.m.

Drop in Rate of \$5/day



AQUA-ZUMBA REGISTRATION

JULY 2013

PARTICIPANT'S NAME: _____ AGE: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 EMERGENCY CONTACT: _____ PHONE: _____
 ALLERGIES/MEDICAL CONDITIONS: _____

I, _____ (participant) hereby agree to participate in the City of Holtville Aqua-Zumba Fitness Program. In consideration to engage in the above stated activities I hereby agree to indemnify and hold harmless the City of Holtville and its employees, instructors, or volunteers from any liability which may occur in connection with these activities. I hereby authorize emergency treatment to be given to myself if needed by competent medical personnel.

I HAVE CAREFULLY READ THIS RELEASE AND, HOLD HARMLESS THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Signature: _____ Date: _____

Make Check payable to:
 City of Holtville
 121 W. 5th Street
 Holtville, CA 92251

Date received _____
 Amt. received _____
 Cash \$ _____ Ch# _____
 Initials _____ Receipt